

## REQUEST FOR EMPLOYEE RELOCATION

**Commissioned Corps** 

Center, Institute, or Office (CIO):		Trave	l Order Number:		
<b>Division:</b>					
<b>CIO TRC Name:</b>					
Employee's Name:					
<b>Social Security Number:</b>					
Job Title:	Office Park:				
Type:	☐ New hire employee		Transfer from another federal agency		
(check one)	☐ Long-term training		Current federal em within CDC)	ployee (transferring	
	Appropriation:		FY of Appropriation:		
<b>Funding Information:</b>	CAN: So	N: Service Fee CAN:			
	Interagency Agreement Number	:	2051IA06-24		
<b>Relocating From:</b>					
<b>Relocating To:</b>					
<b>Effective Date:</b>					
Immediate Supervisor at New Location:					
Current Home Address:					
	City		State	Zip	
Mailing Address:					
	City		State	Zip	
<b>Home Phone Number:</b>					
<b>Work Phone Number:</b>					
<b>Mobile Number:</b>					
Fax Number:					
Email Address:					

Please send this completed form to Bureau of Public Debt (BPD) to begin processing your move:

Centralized E-Mail Account: <a href="mailto:PCSTravel@bpd.treas.gov">PCSTravel@bpd.treas.gov</a>
Fax Number: (304)480-8480

Subject line of faxed or e-mailed documents should be "CDC PCS - CIO" revised 07/2005